



Office of the
Board of Health
City Hall
Fitchburg, Massachusetts 01420
978-345-9582

Application for Stable License

Date: _____

Mr./Mrs. _____ hereby makes application for a license to occupy or use for

_____ Stable purposes.
(State Public or Private)

Stable located at _____, Fitchburg, Massachusetts 01420

Number of Horses _____

Receptacle for Manure _____

Connected to sewer _____

Signature

License Fee: \$100.00

Expires: December 31,